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## BIB DATA SHEET

CONFIRMATION NO. 5873

|   |   |  |                               |  |                          |                                |
|---|---|--|-------------------------------|--|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/960,218  | <b>FILING or 371(c) DATE</b><br>09/21/2001<br><b>RULE</b>   | <b>CLASS</b><br>348                                      | <b>GROUP ART UNIT</b><br>2621 | <b>ATTORNEY DOCKET NO.</b><br>BRCK-001/01US                  |                          |                                |
| <b>APPLICANTS</b><br>Ralph N. Crabtree, Atlanta, GA;<br>Michael C. Moed, Hopkinton, MA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/234,581 09/22/2000 ✓<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>10/18/2001 |   |  |                               |  |                          |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>GA | <b>SHEETS DRAWINGS</b><br>16                                 | <b>TOTAL CLAIMS</b><br>6 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>COOLEY GODWARD KRONISH LLP<br>ATTN: PATENT GROUP<br>Suite 500<br>1200 - 19th Street, NW<br>WASHINGTON, DC 20036-2402<br>UNITED STATES   |   |  |                               |  |                          |                                |
| <b>TITLE</b><br>System and method for multi-camera linking and analysis   |   |  |                               |  |                          |                                |
| <b>FILING FEE RECEIVED</b><br>560   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               | <input type="checkbox"/> All Fees                            |                          |                                |
|   |   |  |                               | <input type="checkbox"/> 1.16 Fees (Filing)                  |                          |                                |
|   |   |  |                               | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                          |                                |
|   |   |  |                               | <input type="checkbox"/> 1.18 Fees (Issue)                   |                          |                                |
|   |   |  |                               | <input type="checkbox"/> Other _____                         |                          |                                |
|   |   |  |                               | <input type="checkbox"/> Credit                              |                          |                                |